

# UnitedHealthcare of Kentucky Medicaid Dental Quick Reference Guide

Effective: 01/01/2024



## UHCdental.com/medicaid

The Provider Portal / Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage.

To register for the Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.



## Provider services

Phone: **1-877-897-4941**  
8 a.m. – 6 p.m. ET Monday–Friday (IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 1333  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Community Plan of Kentucky  
Attn: Appeals and Grievances Unit  
P.O. Box 31364  
Salt Lake City, UT 84131-0364  
Toll-free: **1-866-293-1796 (TTY 711)**



## Claims

### UnitedHealthcare Dental Claims

P.O. Box 193  
Milwaukee, WI 53201  
EDI Payer ID: GP133

### Claim Disputes or Adjustments

UnitedHealthcare Dental Claim Appeals  
P.O. Box 6  
Milwaukee, WI 53201

### Corrected Claims



UnitedHealthcare Dental Corrected Claims  
P.O. Box 481  
Milwaukee, WI 53201

Prior authorizations and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

## Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information; it is subject to change without notice. For current detailed benefit information, please visit the Dental Hub or contact our Provider Services toll free number. Other information may be found in the Kentucky Medicaid Fee Schedule and 907 KAR 1:026.

## Sample member ID card

		Health Plan (80840) 911-87726-04	
Member ID: 001500005		Group Number: KYXXX	
Member: NEW M ENGLISH Medicaid ID: 9999999995		Payer ID: 87726	
PCP Name: DOUGLAS GETWELL PCP Phone: (717)851-6816			
Rx Bin: 023880 Rx Grp: KYM01 Rx PCN: KYPROD1		For Members: 866-293-1796 NurseLine: 800-985-3856 Behavioral Health: 855-789-1977	
For Providers: UHCprovider.com 866-633-4449 Medical Claims: PO Box 5270, Kingston, NY, 12402-5270 For Dental Providers: uhcdental.com 877-897-4941		TTY 711 TTY 711 TTY 711	
For Pharmacy: Member & Provider Assistance 24/7: 800-210-7628 Prior Authorization: 8AM-7PM ET: 844-336-2676			
In an emergency go to nearest emergency room or call 911. Form 03/02/12			
This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.			
0501 UnitedHealthcare Community Plan Administered by UnitedHealthcare of Kentucky, Ltd			

## Benefit coverage, limitations, and requirements

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements.

Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D0120	Periodic Oral Exam	0-999	1 Per 6 Months	D0120-D0180; 1 Per 1 Day	N
D0140	Limited Oral Evaluation - Problem Focused	0-999	1 Per 1 Day	D0120-D0180; 1 Per 1 Day	N
D0145	Oral Evaluation, Patient Under Three	0-2	1 Per 6 Months	D0120-D0180; 1 Per 1 Day	N
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 Per 12 Months	D0120-D0180; 1 Per 1 Day	N
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0-999	1 Per 1 Day	D0120-D0180; 1 Per 1 Day; Endodontics and Oral Surgeons only	N
D0170	Re-Evaluation - Limited, Problem Focused	0-999	1 Per 1 Day	D0120-D0180; 1 Per 1 Day	N
D0171	Re-Evaluation - Post Operative Office Visit	0-999	1 Per 1 Day	D0120-D0180; 1 Per 1 Day	N
D0180	Comprehensive periodontal evaluation	0-999	1 Per 1 Day	D0120-D0180; 1 Per 1 Day; Periodontics only	N
D0191	Assessment Of A Patient	0-20			N
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 Per 24 Months		N
D0220	Intraoral - Periapical First Radiographic Image	0-999		D0220, D0230; 14 Per 12 Months	N
D0230	Intraoral - Periapical Each Additional Image	0-999		D0220, D0230; 14 Per 12 Months	N
D0270	Bitewing - Single Radiographic Image	0-999	4 Per 12 Months	D0270 - D0277; 4 Per 12 Months	N
D0272	Bitewings - Two Radiographic Images	0-999	2 Per 12 Months	D0270 - D0277; 4 Per 12 Months	N
D0273	Bitewings - Three Radiographic Images	0-999	1 Per 12 Months	D0270 - D0277; 4 Per 12 Months	N
D0274	Bitewings - Four Radiographic Images	0-999	1 Per 12 Months	D0270 - D0277; 4 Per 12 Months	N
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0-999	1 Per 12 Months	D0270 - D0277; 1 Per 12 Months	N
D0330	Panoramic Radiographic Image	0-999	1 Per 36 Months	5 and under	Y
D0340	2D Cephalometric Radiographic Image	0-999	1 Per 24 Months		N
D0472	Accession Of Tissue, Gross Examination	0-999			N
D0473	Accession Of Tissue, Gross And Microscopic Examination	0-999			N
D0474	Accession Of Tissue, Gross And Microscopic Examination	0-999			N
D0475	Decalcification Procedure	0-999			N
D0476	Special Stains For Microorganisms	0-999			N
D0477	Special Stains, Not For Microorganisms	0-999			N
D0478	Immunohistochemical Stains	0-999			N
D0479	Tissue In-Situ Hybridization, Including Transmission	0-999			N
D0482	Direct Immunofluorescence	0-999			N



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D0484	Consultation On Slides Prepared Elsewhere	0-999			N
D0485	Consultation, Including Preparation Of Slides From Biopsy Material	0-999			N
D0486	Accession Of Transepithelial Cytologic Sample, Microscopic Examination	0-999			N
D1110	Prophylaxis - Adult	12-999	1 Per 6 Months	D1110-D1120; 1 Per 1 Day	N
D1120	Prophylaxis - Child	0-20	1 Per 6 Months	D1110-D1120; 1 Per 1 Day	N
D1206	Topical Application Of Fluoride Varnish	0-20	2 Per 12 Months		N
D1206	Topical Application Of Fluoride Varnish	21-999	2 Per 12 Months	Medical Necessity, documentation of high caries or root exposure	Y
D1208	Topical Application of Fluoride	0-20	2 Per 1 Accum Year		N
D1321	Counseling for the Control and Prevention of Adverse Oral, Behavioral, and System	0-999	1 Per 6 Months		N
D1351	Sealant - Per Tooth	5-20	3 Per 1 Lifetime	Cannot be billed with any other restorative/fillings code	N
D1352	Preventive Resin Restoration	0-999	1 Per 1 Lifetime	Per Tooth Cannot be billed with any other restorative/fillings code	N
D1353	Sealant Repair - Per Tooth	0-20	1 Per 1 Lifetime	Per Tooth Cannot be billed with any other restorative/fillings code	N
D1354	Interim Caries Arresting Medicament Application - per tooth	0-999	2 Per 6 Months	Cannot be billed with any other restorative/fillings code	N
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1520	Space Maintainer - Removable - Unilateral - per quadrant	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1526	Space Maintainer - Removable - Bilateral, maxillary	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1527	Space Maintainer - Removable - Bilateral, mandibular	0-20	1 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	N
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	0-20	1 Per 1 Day		N
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	0-20	1 Per 1 Day		N
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0-20	1 Per 1 Day		N
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0-20	1 Per 12 Months		N
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary	0-20	1 Per 12 Months		N
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular	0-20	1 Per 12 Months		N
D2140	Amalgam - One Surface, Primary Or Permanent	0-999	1 Per 12 Months		N
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999	1 Per 12 Months		N
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999	1 Per 12 Months		N
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999	1 Per 12 Months		N
D2330	Resin-Based Composite - One Surface, Anterior	0-999	1 Per 12 Months		N
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999	1 Per 12 Months		N
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999	1 Per 12 Months		N
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0-999	1 Per 12 Months		N
D2390	Resin-Based Composite Crown, Anterior	0-20	1 Per 12 Months	Per tooth	N
D2391	Resin-Based Composite - One Surface, Posterior	0-999	1 Per 12 Months	Per tooth	N



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999	1 Per 12 Months	Per tooth	N
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999	1 Per 12 Months	Per tooth	N
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999	1 Per 12 Months	Per tooth	N
D2710	Crown - Resin-Based Composite (Indirect)	0-999	1 Per 5 Years		N
D2721	Crown - Resin With Predominantly Base Metal	0-999	1 Per 5 Years		Y
D2740	Crown - Porcelain/Ceramic	0-999	1 Per 5 Years		Y
D2750	Crown - Porcelain Fused To High Noble Metal	0-999	1 Per 5 Years		Y
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-999	1 Per 5 Years		Y
D2752	Crown - Porcelain Fused To Noble Metal	0-999	1 Per 5 Years		Y
D2790	Crown - Full Cast High Noble Metal	0-999	1 Per 5 Years		Y
D2791	Crown - Full Cast Predominantly Base Metal	0-999	1 Per 5 Years		Y
D2792	Crown - Full Cast Noble Metal	0-999	1 Per 5 Years		Y
D2799	Provisional Crown	0-999	1 Per 5 Years		Y
D2920	Re-Cement or Re-Bond Crown	0-999	1 Per 5 Years		N
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0-999	1 Per 5 Years		N
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999	1 Per 5 Years	Per tooth per patient	N
D2931	prefabricated stainless steel crown – permanent tooth	0-999	1 Per 5 Years		N
D2932	Prefabricated Resin Crown	0-999	1 Per 5 Years		N
D2932	Prefabricated Resin Crown	0-999	1 Per 5 Years		N
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-11	1 per 12 Month; Per Patient per Tooth	Tooth Numbers 1-32, A-T; Surface Code M, O, D, B, L, F, I	Y
D2950	Core Buildup, Including Any Pins When Required	0-999	1 Per 5 Years		N
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999	2 Per 1 Lifetime		N
D2954	Prefabricated Post And Core In Addition To Crown	0-999	1 Per 5 Years		N
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	0-999	2 Per 1 Lifetime	Cannot be billed with any other restoration code	Y
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0-20			N
D3220	Therapeutic Pulpotomy	0-20			N
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999	1 Per 1 Lifetime		Y
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-999	1 Per 1 Lifetime		Y
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-999	1 Per 1 Lifetime		Y
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0-999	1 Per 1 Lifetime		Y
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	0-999	1 Per 1 Lifetime		Y
D3348	Retreatment Of Previous Root Canal Therapy - Molar	0-999	1 Per 1 Lifetime		Y
D3351	Apexification / Recalcification - Initial Visit	0-16	1 Per 1 Lifetime		Y
D3352	Apexification / Recalcification - Interim	0-16	1 Per 1 Lifetime		Y
D3353	Apexification / Recalcification - Final Visit	0-16	1 Per 1 Lifetime		Y
D3410	Apicoectomy - Anterior	0-999	1 Per 1 Lifetime		Y
D3421	Apicoectomy - Premolar (First Root)	0-999	1 Per 1 Lifetime		Y
D3425	Apicoectomy - Molar (First Root)	0-999	1 Per 1 Lifetime		Y
D3426	Apicoectomy - (Each Additional Root)	0-999			Y
D3430	Retrograde Filling - Per Root	0-999	1 Per 1 Lifetime	Per Tooth	Y
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999	1 Per 12 Months		Y
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999	1 Per 12 Months		Y
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0-999	1 Per 12 Months	Per Tooth	Y
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0-999	1 Per 12 Months		Y
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	0-999	1 Per 12 Months		Y
D4249	Clinical Crown Lengthening - Hard Tissue	0-999	1 Per 1 Lifetime	Per Tooth	Y
D4263	Bone Replacement Graft - First Site In Quadrant	0-999	1 Per 1 Lifetime	Per Tooth	Y



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	0-999	1 Per 36 Months	Per Tooth	Y
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site	0-999	1 Per 36 Months	Per Tooth	Y
D4270	Pedicle Soft Tissue Graft Procedure	0-999	1 Per 1 Lifetime	Per Tooth	Y
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-999	1 Per 1 Lifetime	Per Tooth	Y
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-999	1 Per 1 Lifetime		Y
D4322	Splint – intra-coronal natural teeth or prosthetic crowns	0-999	1 Per 5 Years		Y
D4323	Splint – extra-coronal natural teeth or prosthetic crowns	0-999	1 Per 5 Years		Y
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	1 Per 12 Months		Y
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0-999	1 Per 12 Months		Y
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagnosis	0-999			Y
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	0-999	1 Per 1 Lifetime	Per Tooth	Y
D4910	Periodontal Maintenance	0-999	1 Per 3 Months	4 Per 1 Accum Year	Y
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)	0-999	1 Per 1 Day		N
D5110	Complete Denture - Maxillary	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5120	Complete Denture - Mandibular	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5130	Immediate Denture - Maxillary	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5140	Immediate Denture - Mandibular	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5211	Maxillary Partial Denture - Resin Base	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5212	Mandibular Partial Denture - Resin Base	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5213	Maxillary Partial Denture - cast metal framework with resin denture bases	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5214	Mandibular Partial Denture - cast metal framework with resin denture bases	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5221	Immediate Maxillary Partial Denture – resin base	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5222	Immediate Mandibular Partial Denture – resin base	0-999	1 Per 5 Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5225	Maxillary Partial Denture - flexible base (including any retentive clasping mate	0-999	1 per 5 Accum Year Per Patient; more frequent for children under 21 if medically necessary due to growth	Prior Authorization Required for children if more than 1 needed in 5 year period	N
D5226	Mandibular Partial Denture - flexible base (including any retentive clasping mat	0-999	1 per 5 Accum Year Per Patient; more frequent for children under 21 if medically necessary due to growth	Prior Authorization Required for children if more than 1 needed in 5 year period	N



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D5282	Removable Unilateral Partial Denture - one piece cast metal (including retentive/clasping materials, rests, and teeth) maxillary	0-999	1 Per 5 Accum Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5283	Removable Unilateral Partial Denture - one piece cast metal (including retentive/clasping materials, rests, and teeth) mandibular	0-999	1 Per 5 Accum Years	1 per 5 years One prosthesis code per arch per 5 years	Y
D5284	Removable Unilateral Partial Denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	0-999	1 Per 5 Accum Years	One prosthesis code per arch per 5 years	Y
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including retentive/clasping materials, rests, and teeth) – per quadrant	0-999	1 Per 5 Accum Years	One prosthesis code per arch per 5 years	Y
D5410	Adjust Complete Denture - Maxillary	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5411	Adjust Complete Denture - Mandibular	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5421	Adjust Partial Denture - Maxillary	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5422	Adjust Partial Denture - Mandibular	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5511	Repair Broken Complete Denture Base - Mandibular	0-999	1 Per 12 Months		N
D5512	Repair Broken Complete Denture Base - Maxillary	0-999	1 Per 12 Months		N
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0-999	1 Per 12 Months		N
D5621	Repair Cast Partial Framework - Mandibular	0-999	1 Per 12 Months		N
D5622	Repair Cast Partial Framework - Maxillary	0-999	1 Per 12 Months		N
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	0-999	1 Per 12 Months		N
D5640	Replace Broken Teeth - Per Tooth	0-999	1 Per 12 Months		N
D5731	Reline Complete Mandibular Denture (direct)	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5740	Reline Maxillary Partial Denture (direct)	0-999	1 Per 12 Months	Cannot be billed within 6 months of denture delivery	N
D5750	Reline Complete Maxillary Denture (indirect)	0-999	1 Per 36 Months	Cannot be billed within 6 months of denture delivery	N
D5751	Reline Complete Mandibular Denture (indirect)	0-999	1 Per 36 Months	Cannot be billed within 6 months of denture delivery	N
D5820	Interim Partial Denture (Including retentive clasping materials and teeth) - max	0-999	1 Per 60 Months		Y
D5821	Interim Partial Denture (Including retentive clasping materials and teeth) - man	0-999	1 Per 60 Months		Y
D5913	Nasal Prosthesis	0-999			Y
D5914	Auricular Prosthesis	0-999			Y
D5919	Facial Prosthesis	0-999			Y
D5931	Obturator Prosthesis, Surgical	0-999			Y
D5932	Obturator Prosthesis, Definitive	0-999			Y
D5934	Mandibular Resection Prosthesis With Guide Flange	0-999			Y
D5952	Speech Aid Prosthesis, Pediatric	0-13			Y
D5953	Speech Aid Prosthesis, Adult	14-999			Y
D5954	Palatal Augmentation Prosthesis	0-999			Y
D5955	Palatal Lift Prosthesis, Definitive	0-999			Y
D5988	Surgical Splint	0-999			Y
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999			Y
D6010	Surgical Placement Of Implant Body: Endosteal Implant	0-999	1 Per 1 Lifetime		Y
D6056	Prefabricated Abutment - Includes Modification And Placement	0-999	1 Per 1 Lifetime		Y
D6057	Custom Fabricated Abutment - Includes Placement	0-999	1 Per 1 Lifetime		Y
D6058	Abutment Supported Porcelain/Ceramic Crown	0-999	1 Per 1 Lifetime		Y
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	0-999	1 Per 1 Lifetime		Y



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D6065	Implant Supported Porcelain/Ceramic Crown	0-999	1 Per 1 Lifetime		Y
D6066	Implant supported crown – porcelain fused to metal crown (titanium, titanium alloy)	0-999	1 Per 1 Lifetime		Y
D6081	Scaling and debridement	0-999	1 Per 1 Lifetime		Y
D6103	Bone Graft For Repair Of Peri-Implant Defect - Not Including Flap Entry/Closure	0-999	1 Per 1 Lifetime		Y
D6104	Bone Graft At Time Of Implant Placement	0-999	1 Per 1 Lifetime		Y
D6190	Radiographic/Surgical Implant Index, By Report	0-999	1 Per 1 Lifetime		Y
D6211	Pontic - Cast Predominantly Base Metal	0-999	1 Per 5 Years		Y
D6240	Pontic - Porcelain Fused To High Noble Metal	0-999	1 Per 5 Years		Y
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0-999	1 Per 5 Years		Y
D6242	Pontic - Porcelain Fused To Noble Metal	0-999	1 Per 5 Years		Y
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	0-999	1 Per 5 Years		Y
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0-999	1 Per 5 Years		Y
D6752	Retainer Crown - Porcelain Fused To Noble Metal	0-999	1 Per 5 Years		Y
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0-999	1 Per 12 Months		N
D7111	Extraction, Coronal Remnants - Primary Tooth	0-999			N
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999			N
D7210	Extraction, Erupted Tooth	0-999			N
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999			Y
D7230	Removal Of Impacted Tooth - Partially Bony	0-999			Y
D7240	Removal Of Impacted Tooth - Completely Bony	0-999			Y
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999			Y
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999			N
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	0-999	1 Per 1 Lifetime	Per Tooth	Y
D7260	Oroantral Fistula Closure	0-999			Y
D7270	Reimplantation And/OR Stabilization Of Accidentally Evulsed / Displaced Tooth	0-999			Y
D7280	Exposure of an Unerupted Tooth	0-999			Y
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999	1 Per 1 Day		Y
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999	1 Per 1 Day		Y
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	0-999	1 Per 1 Lifetime	D7310, D7320; 1 Per 1 Lifetime (Per Quadrant)	N
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	1 Per 1 Lifetime	D7310, D7320; 1 Per 1 Lifetime (Per Quadrant)	N
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0-999			N
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0-999			Y
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999			Y
D7472	Removal Of Torus Palatinus	0-999	1 Per 1 Lifetime		Y
D7473	Removal Of Torus Mandibularis	0-999	1 Per 1 Lifetime		Y
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999			N
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999			N
D7530	Removal Of Foreign Body From Mucosa	0-999			N
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	0-999	1 Per 1 Lifetime		N
D7880	Occlusal Orthotic Device, By Report	0-999	1 Per 1 Lifetime		Y
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0-999			Y
D7961	Buccal/Labial frenectomy (frenulectomy)	0-999	2 Per 1 Lifetime	D7961, D7962; 2 Per 1 Day (Per Arch)	Y
D7962	Lingual Frenectomy (frenulectomy)	0-999	1 Per 1 Lifetime	D7961, D7962; 2 Per 1 Day	Y
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0-20			Y
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0-20			Y



Code	Description	Age limits	Frequency limits	Other limits	Pre/Post auth requirement
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20			Y
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20			Y
D8210	Removable Appliance Therapy	0-20	2 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	Y
D8220	Fixed Appliance Therapy	0-20	2 Per 12 Months	D8210, D8220, D1510, D1516, D1517, D1520, D1526, D1527; 2 Per 12 Months	Y
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0-20			N
D8670	Periodic Orthodontic Treatment Visit	0-20			Y
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0-999			Y
D8698	Re-cement Or Re-bond Fixed Retainer - Maxillary	0-20	1 Per 1 Day		N
D8699	Re-cement Or Re-bond Fixed Retainer - Mandibular	0-20	1 Per 1 Day		N
D8701	Repair Of Fixed Retainer, Includes Reattachment - Maxillary	0-20	1 Per 4 Accum Years		N
D8702	Repair Of Fixed Retainer, Includes Reattachment - Mandibular	0-20	1 Per 4 Accum Years		N
D8703	Replacement Of Lost Or Broken Retainer - Maxillary	0-20	1 Per 4 Accum Years		N
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	0-20	1 Per 4 Accum Years		N
D8999	Unspecified Orthodontic Procedure, By Report	0-20			Y
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	0-999	1 Per 1 Day		N
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 Per 1 Day		Y
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999	5 Per 1 Day		Y
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0-999			N
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0-999	1 Per 1 Day		Y
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0-999	5 Per 1 Day		Y
D9248	Non-Intravenous Conscious Sedation	0-999			N
D9410	House/Extended Care Facility Call	0-999			N
D9420	Hospital Or Ambulatory Surgical Center Call	0-999			N
D9610	Therapeutic Parenteral Drug, Single Administration	0-999	1 Per 1 Day		N
D9944	Occlusal Guard-hard appliance, full arch	0-999	1 Per 2 Years		Y
D9945	Occlusal Guard-soft appliance, full arch	0-999	1 Per 2 Years		Y
D9946	Occlusal Guard-hard appliance, partial arch	0-999	1 Per 2 Years		Y
D9995	Teledentistry - Synchronous; Real-Time Encounter	0-999	1 Per 1 Day		N
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	0-999	1 Per 1 Day		N



**Dental Benefit Providers®**